

Welcome to ImmuNet!

By referring to the **Basic Quick Reference Guide** you will be able to:

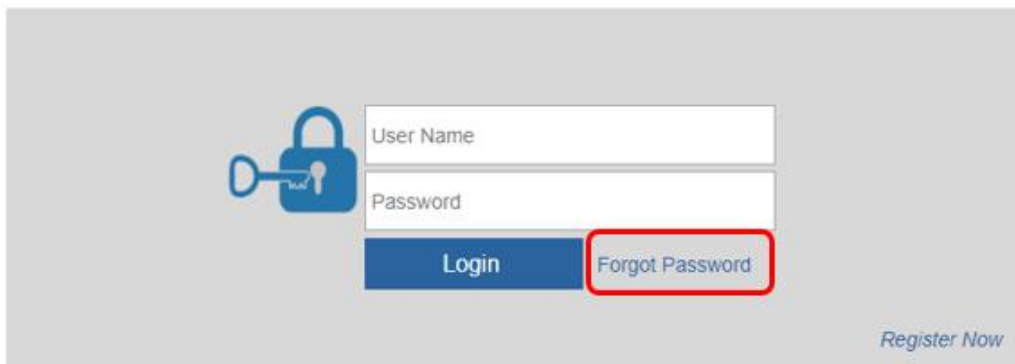
- [Log in to ImmuNet](#)
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- [View the Immunization Record](#)
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Log in to ImmuNet

To go to the ImmuNet application, type www.mdimmunet.org into the address bar of your browser session and press **Enter**.

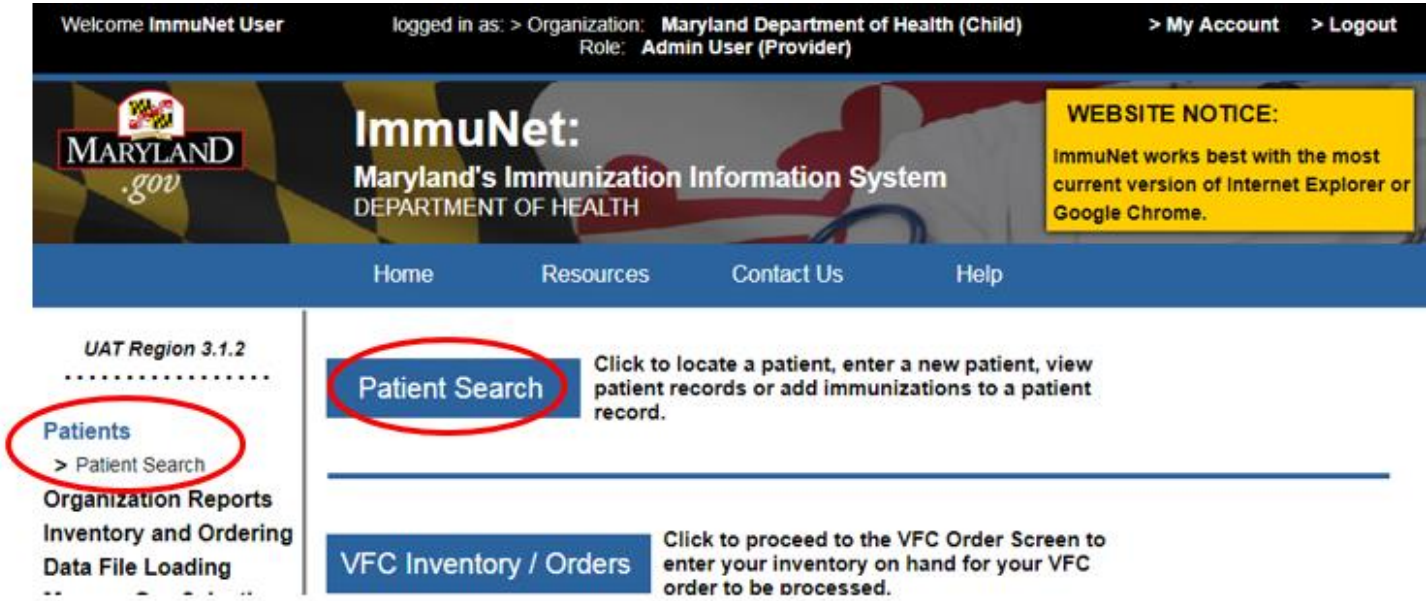
Enter your **User Name** and **Password** and click **Login**.

If you have forgotten your password, click **Forgot Password**. Enter your **User Name** and **E-mail Address** (that was used to register you with ImmuNet). You will be e-mailed a link that will enable you to reset your password or see your organization's Admin User, who can reset your password.

The image shows the login form on the ImmuNet website. It features a blue padlock icon with a keyhole on the left. To the right of the icon are two input fields: 'User Name' and 'Password'. Below these fields are two buttons: 'Login' and 'Forgot Password'. The 'Forgot Password' button is highlighted with a red rectangular border. In the bottom right corner of the form area, there is a link that says 'Register Now'.

Manage Patients

On the left navigator click **Patients**, then click **Patient Search** or
click the [blue](#) button **Patient Search**.



UAT Region 3.1.2

Welcome ImmuNet User logged in as: > Organization: Maryland Department of Health (Child)
Role: Admin User (Provider) > My Account > Logout

ImmuNet:
Maryland's Immunization Information System
DEPARTMENT OF HEALTH

WEBSITE NOTICE:
ImmuNet works best with the most current version of Internet Explorer or Google Chrome.

Home Resources Contact Us Help

Patients
> Patient Search
Organization Reports
Inventory and Ordering
Data File Loading

Patient Search
Click to locate a patient, enter a new patient, view patient records or add immunizations to a patient record.

VFC Inventory / Orders
Click to proceed to the VFC Order Screen to enter your inventory on hand for your VFC order to be processed.

Type in the **Last Name**, **First Name**, and **Birth Date** and click **Search**.

Patient Search

Last Name	<input type="text"/>	Patient ID	<input type="text"/>	Search Advanced Search Clear
First Name	<input type="text"/>			
Middle Name	<input type="text"/>	ImmuNet ID	<input type="text"/>	
Birth Date	<input type="text"/>			



If you find more than one patient, click on the appropriate [blue](#) last name link to access the record.

Patient Search Criteria / Results			
Last Name	<input type="text" value="patient"/>	Patient ID	<input type="text"/>
First Name	<input type="text" value="test"/>		
Middle Name	<input type="text"/>	ImmuNet ID	<input type="text"/>
Birth Date	<input type="text"/>		
Search			
Advanced Search			
Enter as New Patient			
Cancel			

Select the radio button for viewing option then select the Patient link below:

- ☒ Patient Demographics ☐ Patient Immunization ☐ Patient Reports ☐ Blood Lead History/Recommendations

Possible Matches: 19

Last Name	First Name	Middle Name	Birth Date	Patient ID	Mother's Maiden First	Mother's Maiden Last	Gender	Status
PATIENT	TEST		01/01/1950				M	A
PATIENT	TEST		11/12/1962				F	A
PATIENT	TEST		01/01/2008	12345	EXAMPLE	MOTHER	M	A
PATIENT	TEST		02/28/2018				U	A
PATIENT	TEST		06/20/2018		MELINDA	JOHNSON	U	N



If there are no records for the patient, you will see this message:

Patient Search Criteria / Results			
Last Name	<input type="text" value="patient"/>	Patient ID	<input type="text"/>
First Name	<input type="text" value="test1"/>		
Middle Name	<input type="text"/>	ImmuNet ID	<input type="text"/>
Birth Date	<input type="text"/>		
			Search
			Advanced Search
			Enter as New Patient
			Cancel

No patients were found for the requested search criteria. Please enter additional search criteria or perform an Advanced Search for more options. If this is a new patient to ImmuNet please select the "Enter as New Patient" button.

Possible Matches: 0								
Last Name	First Name	Middle Name	Birth Date	Patient ID	Mother's Maiden First	Mother's Maiden Last	Gender	Status
No patients were found for the requested search criteria.								

Enter a New Patient

To create a new patient record, click **Enter as New Patient**.

Enter as New Patient

Enter in as much patient information as possible into the sections:

- Patient Information
- Address Information
- Responsible Persons

Click **Save**.

Enter New Patient

Personal Information		<div>Save</div> <div>History/Recommend</div> <div>Add Immunization</div> <div>Add Next Patient</div> <div>Cancel</div>
* Last Name	patient	
* First Name	new	
Middle Name		
Suffix		
* Gender	Unknown	
Medicaid ID		
Birth Order		
(for multiple births)		
Birth Country	UNITED STATES	
* Birth Date		
* Mother's Maiden Last		
* Mother's First Name		
Last Reminder Recall:		
Opt Out:	No	
Opt Out Date:		

Patient Information ▼

Address Information ▼


Responsible Persons (0) ▼

Patient Comments (0) ▼

Patient Notes (0) ▼

Add an Immunization to a Patient Record

Within the patient record, click **Add Immunization**.

Patient Demographics		ImmuNet ID: 297985
Personal Information		Save History/Recommend Add Immunization Patient Reports Perinatal Hep B Case Listing Blood Lead Cancel
* Last Name	PATIENT	
* First Name	TEST	
Middle Name		
Suffix		
* Birth Date	01/01/1950 	
* Gender	Male	
Medicaid ID		
Birth Order		(for multiple births)
Birth Country	UNITED STATES	
* Mother's Maiden Last		
* Mother's First Name		
Last Reminder Recall:		
Opt Out:	No	
Opt Out Date:		

Last Updated by Maryland Department of Health (Child) on 06/12/2019

- Patient Information ▼
- Address Information ▼
- Responsible Persons (0) ▼
- Patient Comments (1) ▼
- Patient Notes (0) ▼

To enter an immunization click **Add Immunization**. You can also record an immunization administered by clicking **Add Selected** next to **Vaccines Recommended by Selected Tracking Schedule**.

Select the appropriate information from the drop down boxes entitled:

- **Organization Site**
- **Ordering Authority** (optional)
- **Administered By** (optional)
- **Date Administered**

In the vaccine group screen find the appropriate vaccine type and either check the checkbox next to:

ImmuNet Inv, for VFC vaccines OR

Other Inv, for privately purchased vaccines - - if your organization does not use the ImmuNet vaccine inventory OR

Hist #, if you are recording historical immunization information from another provider, then type the dose number under within the vaccine chart.

Click **OK**.

Enter the **Trade Name, Dose, Manufacturer, Lot Number, Funding Type, Patient Comments**, such as vaccine contraindications.

Click **Save**.

View the Immunization Record

To view the immunization record on the screen, click **History/Recommend**.

Patient Demographics		ImmuNet ID: 297985
Personal Information		<div>Save</div> <div>History/Recommend</div> <div>Add Immunization</div> <div>Patient Reports</div> <div>Blood Lead</div> <div>Cancel</div>
* Last Name	PATIENT	
* Gender	Male	
* First Name	TEST	
Middle Name		
Suffix		
* Birth Date	01/01/1950	
* Mother's Maiden Last		
* Mother's First Name		
Medicaid ID		
Birth Order		(for multiple births)
Birth Country	UNITED STATES	
Last Reminder Recall:		

View the patient's immunization history in the section titled **History**. You can also view vaccines the patient is due based on the ACIP schedule in the section titled **Vaccines Recommended by Selected Tracking Schedule**.

History					
Vaccine Group	Date Administered	Series	Trade Name [Vaccine]	Dose	Reaction
DTP/aP	11/11/2015	1 of 5	Kinrix®	Full	
HepA	05/27/2016	1 of 2		Full	
Hib	05/27/2016			Full	
	06/01/2016			Full	
MMR	11/11/2015	1 of 2	Proquad®	Full	
Pneumo-Poly	04/18/2016	1 of 2	Prevnar 13®	Full	
Polio	11/11/2015	1 of 3	Kinrix®	Full	
Varicella	11/11/2015	1 of 2	Proquad®	Full	
Current Age: 10 years, 1 month, 4 days					
Vaccines Recommended by Selected Tracking Schedule					
Vaccine Group	Recommended Vaccine	Earliest Date	Recommended Date	Overdue Date	Latest Date
DTP/aP	Maximum Age Exceeded				
HepA		11/27/2016	11/27/2016	12/27/2017	
HepB		02/23/2009	02/23/2009	03/23/2009	
Hib	Maximum Age Exceeded				
HPV		02/23/2018	02/23/2020	03/23/2022	02/22/2024
Influenza		08/23/2009	08/01/2018	02/23/2010	
Meningo		02/23/2020	02/23/2020	02/23/2022	02/22/2031
MMR		12/09/2015	12/09/2015	01/11/2016	
Pneumo-Poly	Pneumococcal 23	02/23/2074	02/23/2074	02/23/2076	
Polio		12/09/2015	12/09/2015	02/11/2016	
Td	TdaP > 7 years	02/23/2016	02/23/2016	02/23/2016	
Tdap	TdaP > 7 years	02/23/2016	02/23/2020	02/23/2022	
Varicella		02/03/2016	02/03/2016	03/23/2016	

The view the 896 School Certificate, click **Patient Reports**. On the right, select your organization from the drop-down menu under **Site**. On the left click **Maryland 896 School Certificate**.

MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE														
CHILD'S NAME _____					PATIENT _____					TEST _____				
					LAST					FIRST MI				
SEX: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>					BIRTHDATE <u>02/23/2009</u>									
COUNTY <u>Montgomery</u>					SCHOOL _____					GRADE _____				
PARENT OR GUARDIAN NAME <u>KIA SMITH</u>					PHONE NO. _____									
ADDRESS <u>3513 SILVER PARK DRIVE</u>					CITY <u>TAKOMA PARK</u>					ZIP <u>20913</u>				
RECORD OF IMMUNIZATIONS (See Notes on Other Side)														
Vaccines Type														
Dose #	DTP-DTaP-DT Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	Hep B Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV Mo/Day/Yr	HPV Mo/Day/Yr	Dose #	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	History of Varicella Mo/Day/Yr	
1	11/11/2015	11/11/2015							1	05/27/2016	11/11/2015	11/11/2015		
2									2					
3										Td Mo/Day/Yr	Tdap Mo/Day/Yr	MMII Mo/Day/Yr	Other Mo/Day/Yr	
4														
5														
To the best of my knowledge, the vaccines listed above were administered as indicated.														
										Clinic / Office Name Office Address/ Phone Number				
1. _____ Signature Title Date (Medical provider, local health department official, school official, or child care provider only)										Archbishop Borders School 3500 Foster Ave. BALTIMORE, MD 21224 (410) 276-6534 MDH - Maryland ImmuNet Immunization Registry Program 201 W. Preston St., 3rd floor Baltimore, MD 21201 (410)-767-6606				
2. _____ Signature Title Date														
3. _____ Signature Title Date														
Lines 2 and 3 are for certification of vaccines given after the initial														

COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

MEDICAL CONTRAINDICATION:

Please check the appropriate box to describe the medical contraindication.

This is a ☐ Permanent condition OR ☐ Temporary condition until ____/____/____
Date

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication, _____

Signed: _____ Date: _____
Medical Provider / LHD Official

RELIGIOUS OBJECTION:

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: _____ Date: _____

Print the Immunization Certificate

To print, right-click directly on the certificate and click **Print**



or click the printer icon in top-right corner of the screen.



Save the Immunization Certificate

To save, right-click directly on the certificate and click **Save as**

MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE													
CHILD'S NAME: _____			PATIENT LAST _____			TEST FIRST _____			MI _____				
SEX: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>			BIRTHDATE: <u>02/23/2009</u>										
COUNTRY: <u>Mongomersy</u>			SCHOOL: _____			GRADE: _____							
PARENT OR GUARDIAN ADDRESS: <u>3932 SILVER PARK DRIVE</u>			NAME: <u>KRAMER</u>			PHONE NO.: _____							
			CITY: <u>TAKOMA PARK</u>			ZIP: <u>20913</u>							
RECORD OF IMMUNIZATIONS (See Notes on Other Side)													
Vaccine Type													
Date of MM/DD/YYYY	Vacc. MM/DD/YYYY	MM MM/DD/YYYY	MM MM/DD/YYYY	MM MM/DD/YYYY	MM MM/DD/YYYY	MM MM/DD/YYYY	MM MM/DD/YYYY	MM MM/DD/YYYY	MM MM/DD/YYYY	MM MM/DD/YYYY	MM MM/DD/YYYY	MM MM/DD/YYYY	MM MM/DD/YYYY
1	10/11/2005	10/11/2005							2	06/27/2006	10/11/2005	10/11/2005	
2													
3													
4													
5													
Back All-Left Arrow Forward All-Right Arrow Refresh Ctrl-R Save Alt-S Print... Ctrl-P Ctrl- Translate to English										Clinic / Office Name Office Address Phone Number eg Bethesda School 400 W. MD 20123 410-555-XXXX Bethesda Immunization Registry Program			
To the best of my knowledge, the vaccines listed above:													
Signature _____		Title _____		Return envelope		Ctrl-J		eg Bethesda School 400 W. MD 20123 410-555-XXXX					
Signature _____		Title _____		Return certificate/envelope		Ctrl-J		Bethesda Immunization Registry Program					
Signature _____		Title _____		Inject		Ctrl-SHIFT-J		301 W. Preston St., 3rd floor Bethesda, MD 20814 (301) 707-6000					
Lines 2 and 3 are for certification of vaccines given after the initial													

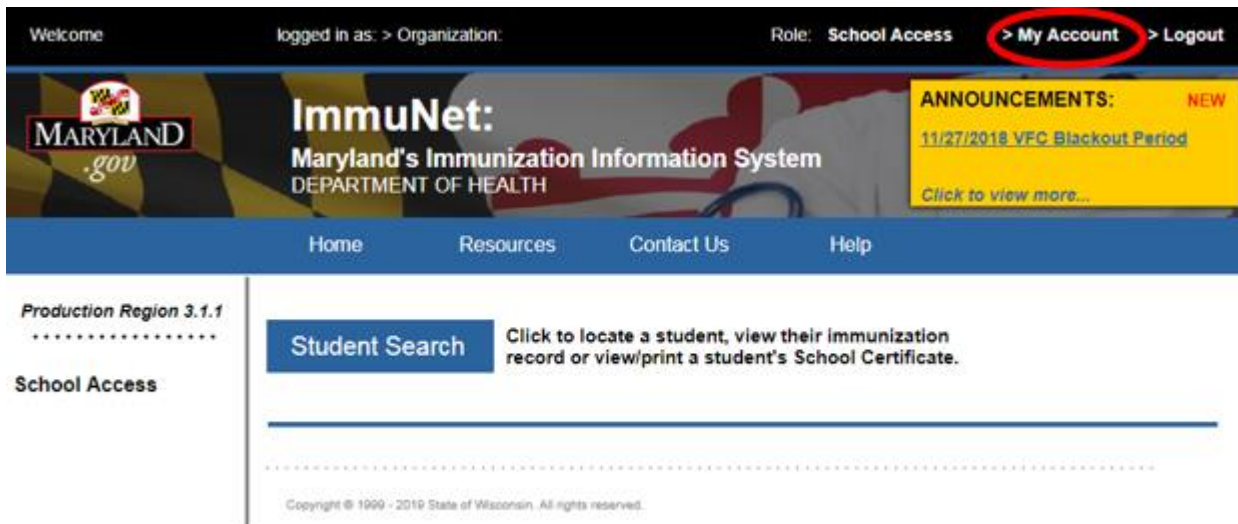
COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL

or click the down-arrow icon in the top-right corner of the screen.



Change your ImmuNet Password

To change your ImmuNet password, click **My Account**.



On the left navigator click **Manage My Account, Change My Password**.

Applications

Manage My Account

- > Change My Password
- > Edit My User Account

Security Questions >

Type in a new password in the **New Password** field and again in the **Confirm New Password** field, keeping in mind the guidelines for creating a new password.



Click **Save**.

Change Password

Password re-set rules:

Save

1. Password must include a mix of upper and lower case characters.
2. Password must contain at least 1 number(s).
3. Password must be at least 8 characters in length.
4. New Password cannot match a previously used password.

User School Access User
Username saccessuser

* New Password

* Confirm New Password

If your password is accepted, you will see the following message in **red** at the top of the screen (if not, you will have to type a different password into the fields **New Password** and **Confirm New Password** and click **Save**).

**** Password Updated, to access ImmuNet click on "ImmuNet" within the main menu on the left under Applications. ****

Change Password

Password re-set rules:

Save

1. Password must include a mix of upper and lower case characters.
2. Password must contain at least 1 number(s).
3. Password must be at least 8 characters in length.
4. New Password cannot match a previously used password.

User School Access User
Username saccessuser

* New Password

* Confirm New Password

To access ImmuNet, Click **Applications, ImmuNet**.

Applications

> ImmuNet



Click on the [blue](#) organization name link or

click on the appropriate organization link for which you are trying to access, if you have access to more than one organization.

Select an Organization link below to access ImmuNet.

Select one Organization as your default.

Default Org	Organization Listing
<input checked="" type="radio"/>	School